## NA33A3

(Requestor's Name)		
(Address)		
(Address)		
,		
(City/State/Zip/Phone #)		
(Oity/State/Zip/Filone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		





500285687025

06/01/16--01005--015 \*\*35.00

SECRETARY OF STATE

JUN - 6 2016 C LEWIS

## **COVER LETTER**

Amendment Section TO: Division of Corporations PIERPOINTE FOUR HOMEOWNERS' ASSOCIATION, INC. Name of Corporation N23323 **DOCUMENT NUMBER:** The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following: David Brough Name of Contact Person Brough, Chadrow & Levine, P.A. Firm/Company 2149 North Commerce Parkway Weston, FL 33326 City/State and Zip Code dbrough@bclpa-law.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: David Brough Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, nge is submitted for a corporation organized under the laws of the State of Florida to change its registered office or registered agent, or both, in the State of Florida.	this
1. The name of t	he corporation: PIERPOINTE FOUR HOMEOWNERS' ASSOCIA	TION, INC.
	office address: C/O LANDMARK MANAGEMENT SERVICES  150TH AVENUE PEMBROKE PINES, FL 33028	
3. The mailing a	ddress (if different):	
4. Date of incorp	poration/qualification: 11/04/1987Document number: N23323	
	I street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)	
	Brough, Chadrow & Levine, P.A.	201 VIVIE
	1900 North Commerce Parkway	ZOIR HAY 31
	Weston, FL 33326	ARY CO
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	AM 9: 1
	Brough, Chadrow & Levine, P.A.	ယ် သ
	2149 North Commerce Parkway	
	P.O. Box NOT acceptable Weston, FL 33326	
	ess of its registered office and the street address of the business office of its regist be identical.	
authorized by t	as authorized by resolution duly adopted by its board of directors or by an officer he board, or the corporation has been notified in writing of the change.	so .
James	Hemendy Francisco JANIS HERNANDEZ printed or typed name and fille	President
	t the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete fmy duties, and I am familiar with and accept the obligation of my position as reg is document is being filed merely to reflect a change in the registered office addr that the corporation has been notified in writing of this change.	Theasurer sistered ess, I
e:	5 26 16	
	gnature of Registered Agent Dute  Chalf of an entity:	
DAV		
	Typed or Printed Name	

\* \* \* FILING FEE: \$35.00 \* \* \*